

**Division of Behavioral Health Services
and
Arizona State Hospital**

**ANNUAL REPORT
FISCAL YEAR 2003**

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Submitted in Compliance with A.R.S. 36-3405 (a) (b) (c) and 36-209(e)

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For
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Division of Behavioral Health Services
and
Arizona State Hospital**

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~Leadership for a Healthy Arizona~

TABLE OF CONTENTS

VISION AND MISSION STATEMENTS	1
DESCRIPTION OF THE DIVISION OF BEHAVIORAL HEALTH SERVICES DELIVERY SYSTEM	2
DESCRIPTION OF THE ARIZONA STATE HOSPITAL	3
GEOGRAPHIC REGIONS	5
ORGANIZATIONAL STRUCTURE.....	6
Division of Behavioral Health Services	6
DIVISION OF BEHAVIORAL HEALTH SERVICES - ORGANIZATIONAL CHART .	8
ARIZONA STATE HOSPITAL - ORGANIZATIONAL CHART	9
FINANCIAL REPORT	10
Division of Behavioral Health Services	10
The Arizona State Hospital	12
NUMBER OF CLIENTS SERVED – STATE FISCAL YEAR 2003	13
Division of Behavioral Health Services	13
Arizona State Hospital.....	14
ARIZONA STATE HOSPITAL - SUMMARY OF ADMISSIONS AND DISCHARGES FOR FISCAL YEAR 2003.....	19
PROGRAMMATIC REPORT	27
Division of Behavioral Health Services	27
Arizona State Hospital.....	32
CONDITION OF EXISTING BUILDINGS AND EQUIPMENT.....	41

VISION AND MISSION STATEMENTS

DIVISION OF BEHAVIORAL HEALTH SERVICES VISION STATEMENT

Leadership for a Healthy Arizona

DIVISION OF BEHAVIORAL HEALTH SERVICES MISSION STATEMENT

Creating partnerships for personal and community health

ARIZONA STATE HOSPITAL VISION STATEMENT

The Arizona State Hospital will meet the needs of our patients and other customers in collaboration with our community partners. We will continue to be a unique and valuable resource in the provision of specialized psychiatric treatment, rehabilitation, education and research. We will always strive to improve our performance.

ARIZONA STATE HOSPITAL MISSION STATEMENT

The Mission of the Arizona State Hospital is to restore and enhance the mental health of persons requiring psychiatric services in a safe, therapeutic environment

DESCRIPTION OF THE DIVISION OF BEHAVIORAL HEALTH SERVICES DELIVERY SYSTEM

The Arizona Department of Health Services is the State agency responsible for public health education, prevention and treatment. The Arizona Department of Health Services is comprised of six major service areas, which report to the Director of the Department. The Division of Behavioral Health Services is charged with the responsibility of overseeing publicly funded behavioral health services. By the end of fiscal year 2003, 101,685 clients received behavioral health treatment services per month. During fiscal year 2003, 147,000 persons received prevention services. Expenditures totaled \$700,322,200.

The publicly funded behavioral health system provides services to both federally eligible (Title XIX and Title XXI of the Social Security Act) and State-only populations. Behavioral health care services include the following:

- Prevention programs for children and adults,
- Services for children and adults with substance abuse and/or general mental health disorders,
- Services for children with serious emotional disturbance and
- Services for adults with a serious mental illness.

The Arizona Department of Health Services receives funding to operate the behavioral health system through a variety of sources including Title XIX Medicaid, Title XXI State Children's Health Insurance Program (KidsCare), federal block grants, state appropriations and intergovernmental agreements. Federal Title XIX and Title XXI funds may only be used for eligible persons as prescribed by the State Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS).

The State is divided into six geographic regions, called Geographic Service Areas. Each Geographic Service Area is assigned to a regional behavioral health authority. The Arizona Department of Health Services/Division of Behavioral Health Services manages the delivery system through five contracted Regional Behavioral Health Authorities and three Tribal Regional Behavioral Health Authorities. For Native Americans who live on a reservation, the Tribe has the option of:

- (a) Entering into an Intergovernmental Agreement with the Arizona Department of Health Services to deliver behavioral health services on the reservation, with the reservation acting as its own regional behavioral health authority;
- (b) Contracting with the local regional behavioral health authority to provide services; or
- (c) Allowing on-reservation Tribal members to obtain behavioral health services either through Indian Health Service, or going off reservation to receive services.

Services provided to Arizonans include medical, rehabilitation, assessment, counseling, consultation, specialized testing, professional treatment, support, crisis intervention, inpatient, residential, day programs, and prevention.

DESCRIPTION OF THE ARIZONA STATE HOSPITAL

The Arizona State Hospital (“the Hospital”) is located on a 93-acre campus at 24th Street and Van Buren in Phoenix, Arizona. A component of the statewide continuum of behavioral health services provided to the residents of Arizona, the Hospital is the only publicly funded, 24-hour inpatient, state-operated psychiatric hospital serving the state.

As part of the Arizona Department of Health Services, the Hospital provides direct care to the most seriously mentally ill Arizonans who are court-ordered for treatment to its 335-licensed bed facility requiring a state supported tertiary level of inpatient hospitalization and rehabilitative care. The Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”) and is a Medicare reimbursable institution.

Treatment at the Hospital is considered the “highest and most restrictive” level of care in the state, and patients are admitted as a result of an inability to appropriately care for them in a community facility, or because of their legal status. Hospital personnel continually strive to provide state-of-the-art inpatient psychiatric and forensic care. The Hospital is committed to the concept that all patients and personnel are to be treated with dignity and respect. The average monthly census for Fiscal Year 2002, for all patient populations, was 303 patients.

Authorized by A.R.S. 36-201 through 36-207, the Hospital is required to provide inpatient care and treatment to patients with mental disorders, personality disorders or emotional conditions. While providing evaluation and active treatment, the Hospital is continually cognizant of the rights and privileges of each patient, particularly the patient's right to confidentiality and privacy.

The Arizona Department of Health Services is the state agency responsible for assessing and assuring the physical and behavioral health of all Arizonans through education, intervention, prevention and delivery of services. The Hospital is one of six major service units which report to the Director of The Arizona Department of Health Services, as does its community services counterpart, the Division of Behavioral Health Services.

Overall guidance for Hospital leadership is provided by the **Arizona State Hospital Governing Body**, which is chaired by the Deputy Director of The Arizona Department of Health Services/Division of Behavioral Health Services, a Hospital physician and a community representative.

As required in statute (A.R.S. 36-217), the **Arizona State Hospital Advisory Board** advises the Deputy Director of the Division of Behavioral Health Services and the Chief

Executive Officer of the Hospital in the development, implementation, achievement and evaluation of hospital goals and communicates special hospital or patient needs directly to the Office of the Governor. The Hospital Advisory Board consists of 13 governor-appointed members.

The Hospital receives overall direction from the Chief Executive Officer who reports to the Deputy Director of Division of Behavioral Health Services. The CEO supervises the leaders of the Hospital's four major divisions. These leaders include the Chief Medical Officer, the Chief Operating Officer, the Chief Quality Officer and the Chief Nursing Officer.

These Executive Management Team members oversee Hospital operations, establish administrative policies and procedures, and direct Hospital planning activities. Other Executive Management Team members include critical department directors, legal counsel, the public relations officer and others at the discretion of the Chief Executive Officer.

GEOGRAPHIC REGIONS

Figure 1

ORGANIZATIONAL STRUCTURE

Division of Behavioral Health Services

The **Deputy Director** provides leadership and direction in accomplishing the mission of the Arizona Department of Health Services/Division of Behavioral Health Services, works as a member of the Department's Executive Management Team, and oversees the Arizona State Hospital and community behavioral health system of care delivered through the Tribal and Regional Behavioral Health Authorities. The Deputy Director leads the Core Management Team of the Division.

The **Medical Director** provides medical guidance to the Deputy Director and to all Division bureaus and offices and to the Department Director through participation in the Physician Advisory Council. Working closely with the Medical Directors of the regional behavioral health authorities, the Medical Director develops clinical practice guidelines, standards and review instruments that are used throughout the State and maintains/updates drug and laboratory formularies. The Medical Director coordinates with the Medical Director of the Arizona Health Care Cost Containment System and with Arizona Health Care Cost Containment System health plans for the joint management of clients' physical and behavioral health needs.

The **Division of Clinical Services** provides clinical leadership, technical assistance and consultation to the Regional Behavioral Health Authorities ensuring conformance with federal and state regulations. Best practices are researched and guidelines are provided for the delivery of behavioral health services. Clinical Services is comprised of three Bureaus, Adult Services, Children's Services and Substance Abuse Treatment and Prevention.

The **Bureau for Consumer Rights** assists consumers in knowing, protecting and exercising their rights with respect to applying for and receiving behavioral health service, providing a grievance and appeal system available to consumers, contractors, and providers for the administrative resolution of disputes. The Bureau provides support to each regional Human Rights Committee through technical assistance, training, clerical support and problem solving. The Bureau is composed of the Office of Human Rights and Office for Grievance and Appeals.

Finance provides oversight and coordination of the Division of Behavioral Health Services financial and operational functions to ensure efficient, effective, and accountable operations in accordance with federal and state laws and regulations and Department policies. The functions of the Bureau include fiscal monitoring and budget, provider services, procurement and personnel services as well as receiving incident reports of financial fraud and abuse. The Bureau has provided leadership in the development of financial standards to assure a healthy balance of the fiscal viability of the system and the needs of the clients it serves.

The **Office of Tribal Relations** provides program development, contract oversight and interface of the Tribes currently operating as a regional behavioral health authority. The Division currently has three Intergovernmental Agreements with the Gila River Indian

Community, Navajo Nation, and Pascua Yaqui tribes authorized to act as a regional behavioral health authority. An Intergovernmental Agreement also exists between the Colorado River Indian Tribes and the Department for the delivery of non-Title XIX services.

The **Bureau of Quality Management and Evaluation** provides leadership and direction in quality evaluation and improvement, utilization review, risk management and the development of outcome measurement reporting. The Bureau coordinates and/or conducts monitoring activities which reveal the operational, financial, and clinical performance of the behavioral health system and synthesizes monitoring findings with other administrative data to inform the Division's strategic plan, monitoring processes, indicators and tools, and contract content. The Bureau of Quality Management and Evaluation includes the functions of Quality Improvement, Research and Evaluation, and Business Information Systems.

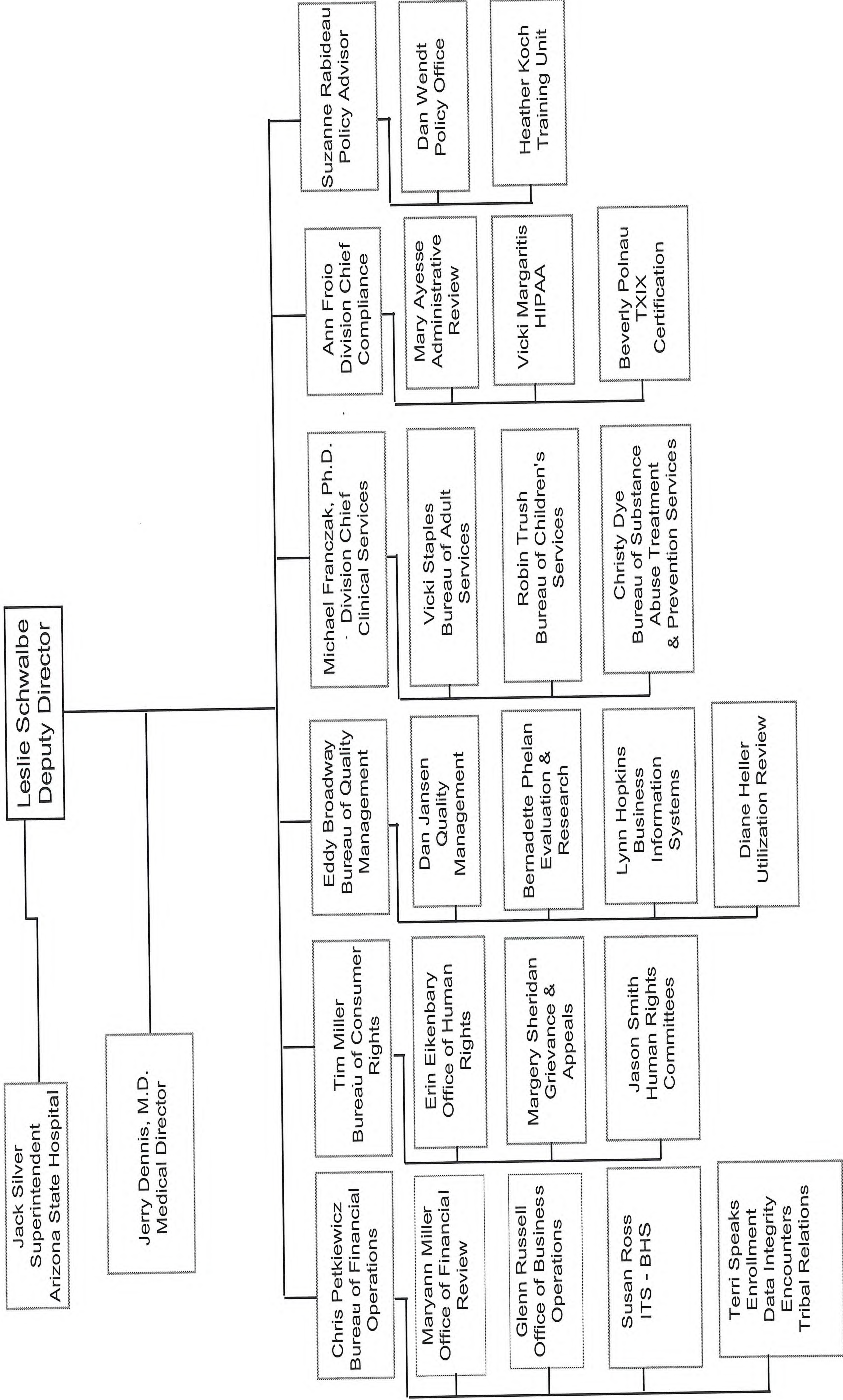
The **Behavioral Health Applications Team** is responsible for the maintenance and development of information systems that support the Division. These systems work in coordination with the Regional Behavioral Health Authorities and the Arizona Health Care Cost Containment System to monitor and resolve Title XIX, Title XXI, and Non-Title XIX enrollment, assessments encounters (claims), and provider issues. A primary function is to develop and maintain the Client Information System application and database. This system tracks clients receiving behavioral health services in Arizona. In addition to the support of the Client Information System, the Information Technology Support team develops PC stand-alone applications to support business needs within various Division of Behavioral Health Services offices.

The **Office for Contract Compliance** is responsible to support and coordinate strategic planning for the Division, Regional Behavioral Health Authority contract and Tribal Regional Behavioral Health Authority Intergovernmental Agreement production, Title XIX Certification of Community Service Agencies, behavioral health related rule-making, mental health disaster responses, audits conducted by the Auditor General, the annual Administrative Reviews of the Regional Behavioral Health Authorities, the annual operational and financial reviews conducted by AHCCCS, mutual business activities with the Arizona State Hospital, and implementation of the Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements.

The **Policy Office** is responsible for the coordination and production of the Division's policies and procedures, the Provider Manual which contains requirements for publicly funded behavioral health providers, and the Member Handbook template which contains information that each person enrolled in the publicly funded behavioral health system is entitled to receive in accordance with federal and state rules, codes, statutes and laws. A chief goal of the Policy Office is to ensure consistency of Division information disseminated internally to staff and externally to stakeholders and contractors.

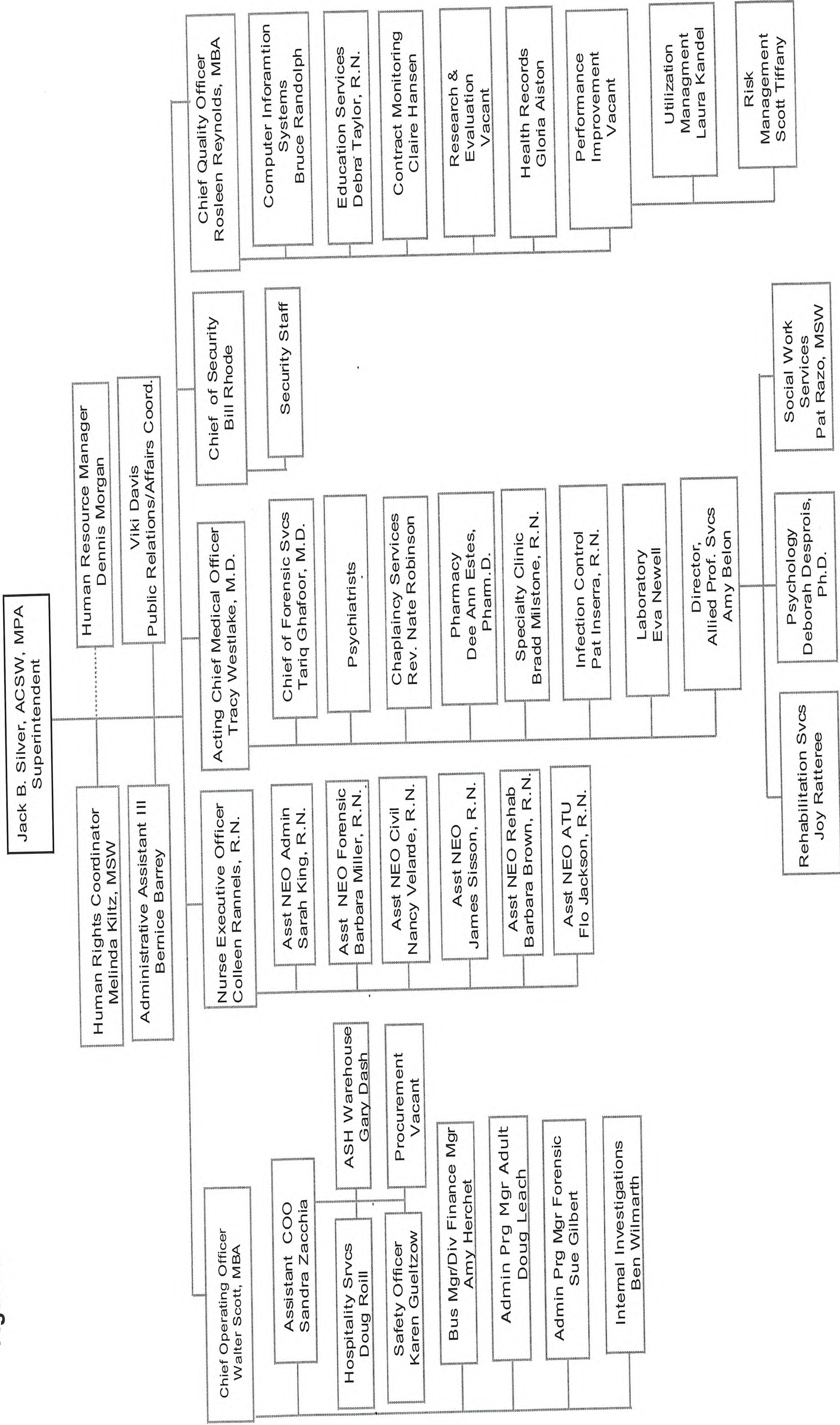
ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES - ORGANIZATIONAL CHART

Figure 2



ARIZONA DEPARTMENT OF HEALTH SERVICES
ARIZONA STATE HOSPITAL - ORGANIZATIONAL CHART

Figure 3



PROGRAMMATIC REPORT

Division of Behavioral Health Services

Over the course of Fiscal Year 2003, the Division realized several strategic activities targeted in our 2003 – 2005 Strategic Plan. Highlights of these accomplishments follow below:

Implementing practices and principles in accordance with Jason K Agreement.

The Division remains committed to the continued implementation of the Children's Behavioral Health System reform. Efforts during fiscal year 2003 included:

- Statewide training for providers, Regional Behavioral Health Authorities and child-serving state agencies to support the 12 Arizona principles for the provision of behavioral health services to children and their families
- Training on the process to wrap services around the child and family in order to avoid out-of-home placement.
- Increasing from 916 to 2043 the number of children receiving respite care services
- Increasing capacity for therapeutic foster care services to families as an alternative to out-of-home placement and inpatient services
- Implementing practice guidelines for psychotropic medication
- Ensuring provider capacity and knowledge of substance abuse resources
- Involving families in the design, planning, development and oversight of the behavioral health system
- Implementing Family Support Partners, an organized network of parents who come together to support "family voice" in the behavioral health system
- Implementing a practice improvement protocol for providing services to children and their families through Child and Family Teams
- Developing an adolescent substance abuse practice improvement protocol to guide substance abuse service delivery to Arizona youth
- In partnership with the Arizona Health Care Cost Containment System, continued information collection and analysis of the successes, challenges and barriers in reforming the children's behavioral health system in order to benefit from lessons learned.

Improving the clinical assessment content process

After receiving input from providers, Regional Behavioral Health Authorities, family members, consumers, and other stakeholders, the Division undertook the streamlining and standardization of the clinical assessment tool used to evaluate persons seeking behavioral health services in Arizona. A workgroup comprised of stakeholders and Division staff was formed to examine the clinical assessment requirements that exist in the Arizona Health Care Cost Containment, Arizona Department of Health Services,

Regional Behavioral Health Authority contracts, Office of Behavioral Health Licensure, Seriously Mental Ill Rules and current internal policies and procedures.

A standardized Assessment Tool was developed through the workgroup process and consists of three components:

Behavioral Health and Medical Questionnaire - is completed by person/family prior to the initial assessment interview, if possible, or by the assessor during the initial interview. The Questionnaire consists of current and past behavioral health and medical issues and services the person is receiving or has received.

Core Assessment – is completed at the initial assessment interview and focuses on collecting enough information to get the person to the appropriate next service(s). If some part of the Core Assessment cannot be completed at the initial appointment, this will be documented on the Assessment and Service Plan Checklist and the section flagged to be completed within 45 days.

Addenda - is completed at a follow-up meeting and facilitates the building of a complete picture of the person/family to further identify strengths and additional supports through the examination of other life domains.

The Assessment Tool has been designed to apply to any population seeking behavioral health services (e.g. adults, children, persons with serious mental illness). Addenda have been developed for specific populations groups such as persons with Serious Mental Illness, Developmental History for Children, and Child Protective Services.

The Assessment Tool encourages an ongoing process of implementing and revising clinical services, case management services, support services and medical services, and continual assessment, re-evaluation, clarification and identification of the person's strengths and needs.

Recommendations for the member outcome data elements to be included as part of the standardized Assessment Tool were collected from workgroup members and other stakeholders.

Behavioral Health Professionals (BHPs) and Behavioral Health Technicians (BHTs) who are conducting assessments or serving as a Clinical Liaison are credentialed and privileged. Credentialing requirements for clinicians conducting the standardized Assessment Tool have been established in policy and procedure. In order to be privileged to conduct assessments or serve as a Clinical Liaison, all Behavioral Health Professionals must attend an eight-hour Strengths-based Behavioral Health Assessment Tool Training.

Training to Regional Behavioral Health Authorities and stakeholders regarding the new assessment processes and requirements is scheduled to begin September 2003.

Training modules will include:

- Overview of Assessment
- Mental Status Exam
- DSM Diagnoses
- Engagement and Treatment Formulation

Standards to guide service delivery and authorization

The Division of Behavioral Health Services held discussions with the Regional Behavioral Health Authorities to discuss the authorization processes that serve as barriers to accessing behavioral health services other than licensed Level 1 Inpatient services.

As a result of these discussions, authorization criterion is now in place for licensed Level 1 behavioral health services including inpatient acute, residential treatment services and sub-acute inpatient services. All other levels of care cannot be prior authorized unless the Regional Behavioral Health Authority obtains written approval from the Division of Behavioral Health Services Medical Director.

Service Authorization and Prior Authorization policies of the Regional Behavioral Health Authorities have been reviewed and approval given by the Medical Director only to those policies that do not unduly restrict service provision. All Regional Behavioral Health Authorities have been trained on the Prior Authorization Policy.

Expanding and enhancing the statewide network of providers

The Division of Behavioral Health Services examined the current statewide network of providers, identified and addressed any gaps in the network, and partnered with other agencies and organizations to improve the quality and competency of providers. To accomplish better coordination of mental health and physical health services, the Department has worked closely with the Arizona Health Care Cost Containment System Administration, acute care health plans and primary care providers to identify ways to share information about common clients, provide care collaboratively, and consult with one another on complex cases.

The Division of Behavioral Health Services identified and implemented Technical Assistance Plans for each Regional Behavioral Health Authority as part of the Division's Annual Provider Network Sufficiency Plan and Evaluation. The Division staff meets regularly with staff from each Regional Behavioral Health Authority to assess progress in network development. A logic model has been established to determine the adequacy of the provider network.

Funding from the National Association of State Mental Health Program Directors was used to assist in the development of Peer Support Services. From this grant a manual was created that serves as a guide for training peer support staff throughout the State.

The Peer Support Services curriculum topics range from recovery, crisis response, cultural competency, client rights to ethics and boundaries.

Assist persons with behavioral health problems in understanding, exercising and protecting their rights.

The statewide Office of Human Rights has been established to help people with serious mental illness (SMI) to understand, exercise and protect their rights. The Office helps resolve problems regarding behavioral health services and those in need of special assistance. The Office of Human Rights offers advocacy for services at no charge to persons receiving publicly funded behavioral health services. Changes in advocacy and special assistance programs provided by the Division are communicated to the Division's staff, the Regional Behavioral Health Authorities, clients and community stakeholders.

The Office of Grievance and Appeals is responsible for the administration and oversight of the administrative grievance and appeals process. The Office investigates allegations of sexual abuse, physical abuse or the death of individuals with serious mental illness. The purpose of the grievance and appeals process is to resolve case specific issues and to remedy any systematic concerns that are identified. A database has been implemented to capture grievance and appeal data to support reporting needs of the department. Forms have been modified to clarify the notification of clients regarding their grievance and appeal rights.

Develop a contracting process to obtain the best system for Behavioral Health Services

Procurement workgroups planned and coordinated focus groups including clients, family and advocacy organizations. A total of eighteen functions with 258 participants provided input to inform the Request for Proposal process and content. The participants included six family/client focus groups (two within the Latino community), four community forums and other stakeholder groups. The information obtained from the focus groups was utilized to develop the Request for Proposal Special Terms and Conditions and Scope of Work.

The Maricopa County Request for Proposal will be released in September 2003 and an award is projected to occur in March 2004.

Comply with HIPAA requirements while maintaining Arizona's ability to provide and bill for integrated services.

The Division of Behavioral Health Services held meetings with the Regional Behavioral Health Authorities to coordinate, facilitate and track progress in meeting the Health Insurance Portability and Accountability Act (HIPAA) Transaction and Privacy Rule requirements.

The Division completed a HIPAA Privacy Manual on March 31, 2003 and posted it on our website. Training was provided to all Arizona Department of Health Services/Division of Behavioral Health Services personnel beginning on April 4, and ending May 12, 2003.

The Department's Attorney General, in collaboration with Arizona Health Care Cost Containment Services legal office, completed a preemption analysis to compare the HIPAA Privacy Rule to the Arizona privacy laws and behavioral health related rules.

Integration/Coordination of service delivery with the Arizona Health Care Cost Containment System health plans

The Arizona Department of Health Services/Division of Behavioral Health Services Co-Management Task Force identified numerous issues regarding obstacles to information sharing, obtaining timely enrollment information, shared data bases, accessibility and availability of Behavioral Health Clinicians to Health Plan Behavioral Health Coordinators and Primary Care Providers.

All Arizona Department of Health Services/Division of Behavioral Health Services "clinical documents" have been reviewed, revised and updated. As of April 1, 2003 these clinical documents were posted on the Division website and are available for general use. These documents provide useful information for behavioral health and primary care providers regarding a "best practice" approach to managing a variety of behavioral disorders and issues.

The Division of Behavioral Health Services Policy 2.6 *Coordination Between Regional Behavioral Health Authorities, Arizona Health Care Cost Containment Health Plans and Primary Care Providers* was implemented in May 2003. The policy requires that timely communication and coordination of care occur between the Regional Behavioral Health Authorities subcontracted providers and the Arizona Health Care Cost Containment System.

Two statewide contact information lists for Health Plans to make referrals to the Regional Behavioral Health Authorities for behavioral health services and for direct doctor-to-doctor communications were completed and submitted to the Arizona Health Care Cost Containment Services for use by the Health Plans and Primary Care Providers.

Revision of the State rules for Persons with Serious Mental Illness

During Fiscal Year 2003, the rules for Persons with Serious Mental Illness (R9-21) were reviewed through a workgroup process, including stakeholders and a public hearing, revised to align them with the Division's vision and current practice and posted on the ADHS website June 30, 2003.

PROGRAMMATIC REPORT

The mission of the clinical members of the Hospital staff is to provide safe and effective psychiatric and medical care to our patients. These patients suffer from serious psychiatric, neurological and medical illnesses. These illnesses hamper patient's ability to care for themselves safely in the community because they are a danger to themselves or to others.

Civil adult patients are committed here if they have not responded well following 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment. Many are homeless, or cannot be treated in a specialized home setting with outpatient services. Many of our patients are the most dangerous (to themselves or others) in the community, with histories of self-mutilation, assault or arson. We treat people who suffer from complicated illnesses fraught with psychiatric, physical and social problems. Some have family members who are involved and invested in their treatment, while others have lost contact with family and friends.

Because of this mission, we strive for clinical excellence and humanitarian concern. The guidelines for our practice are to make careful and precise diagnostic formulations, to use the most current interpersonal and pharmacological treatments and to create an effective rehabilitative environment to aid our patients in their recovery.

Methods of Treatment

Interdisciplinary Clinical Team Approach

The Interdisciplinary Clinical Team consists of a qualified (board certified or board eligible) psychiatrist, a board certified family practice physician (or certified physician assistant), a registered nurse, a social worker, rehabilitation professionals and a psychologist. In all treatment programs, the Interdisciplinary Clinical Team assesses and evaluates each patient upon admission to the Hospital, at periodic intervals, and at any time during the course of hospitalization, based upon the condition of the patient.

The patient's acuity level and the patient's legal status at the time of admission provide the interdisciplinary clinical team guidance in determining the patient's least restrictive and most appropriate level of placement within the Hospital. The team determines the least restrictive and most appropriate level of placement based on the patient's acuity level and legal status.

TREATMENT PLANNING

Comprehensive Assessments: Each patient receives a comprehensive admission assessment. The Interdisciplinary Clinical Team identifies the patient's needs for

ongoing treatment and rehabilitation. Psychiatric, medical and nursing assessments are completed within 24 hours of admission. Social work and rehabilitation assessments are completed within 10 days. Comprehensive assessments include, but are not limited to, information about the presenting problem and prior treatment, medical history/current medical condition; risk assessment; cultural, religious and spiritual issues; linguistic needs; and family/social history. The information is used to evaluate and plan for the psychiatric, psychological, medical, rehabilitation and psychosocial treatment needs of the patient during hospitalization.

Individualized Treatment and Discharge Plan (ITDP)

Upon completion of the comprehensive assessment, an Individualized Treatment and Discharge Plan is developed for the patient. The plan addresses the patient's identified assets and strengths, evaluation and treatment needs, and any barriers to the achievement of treatment goals for the patient.

The ITDP seeks to address the patient's biological, psychological, spiritual, cultural, linguistic and socio-economic needs. The patient's psychiatrist, who provides leadership for the Interdisciplinary Clinical Team coordinates the patient's care and ensures there is a well-defined plan in place that may include these components:

- A full medical and psychiatric assessment of each new patient and at least annually re-written, with monthly clinical team reviews
- Medically necessary care for any medical condition, either acute or chronic
- Pharmacotherapy
- Psychotherapy (individual and group)
- Behavioral/cognitive therapy
- Full range of psychiatric rehabilitative therapy
- Family evaluation and therapy education process
- Recreational therapy
- Educational therapy (medication, coping skills, GED)

STAFFING

Staffing patterns vary depending on the acuity of the treatment program and the needs of the individual patient. Each unit is staffed with Registered Nurses, Clinical Nurse Specialists, Licensed Practical Nurses, Mental Health Program Specialists, Social Workers, Rehabilitation Specialists, Psychologists, Psychiatrists, Medical Physicians (or Physician Assistants) and Clerical Staff.

The Hospital provides translation services for patients who do not read or understand English. Social workers have the primary responsibility for identifying the resources that are necessary to address the special needs of patients (including sign and other interpreter services) upon admission to the Hospital.

ARIZONA STATE HOSPITAL OFFERS 3 MAJOR TREATMENT PROGRAMS:

CIVIL ADULT REHABILITATION PROGRAM (141 Beds)

Designed to present a new paradigm in mental health care philosophy, the new 200-bed capacity Arizona State Hospital Adult Civil Facility opened in February 2003 to serve the needs of adult civil patients who are seriously mentally ill.

Located on a 23-acre parcel of the Arizona State Hospital campus, the new facility consists of a series of buildings designed to provide care in an atmosphere that blends healing, well being and dignity for patients by creating a sense of place that meets individual care needs in a therapeutic environment.

Described by visitors as creating a sense of hope and serenity, the buildings are made of straightforward, modest block construction. It is the successful integration of natural light and landscaped courtyards between buildings, however, that creates the ambience of a college campus. These areas act as community parks and places for quiet relaxation, recreation and special events, in stark contrast to the old Arizona State Hospital.

The new facility was recognized by the Valley Forward Association with a 1st Place Crescordia Award for Environmental Excellence. "Crescordia" is a Greek term meaning "To Grow in Harmony" and the Hospital was honored for integrating Arizona's unique desert environment into a sensitively designed facility for the treatment of its patients.

The design of the new facility reflects our commitment to rehabilitative active treatment by facilitating the development of daily living required for successful community reintegration. Planning concepts were divided into two key areas: residential activities and life-skill development activities.

The **residential treatment units** (sleeping quarters) provide patient rooms (private/semi private meeting federal regulations), patient support offices and nurses stations with full site monitoring ability. Daily living activities occur along the **civic rehabilitative mall area** and include group therapy areas, occupational therapy, recreational therapy, educational services, library services, clothing store (donated clothing), patient-run coffee shop, barber shop, financial services, human rights office, volunteer services, court room, specialty medical clinic, health records, clinical administration and security.

Adult Civil Patients live on 9 treatment units (3 buildings) on the adult civil campus. A full range of services is provided to patients on these locked units. Desert Sage is an all-male unit, while all other units (Ironwood and Palo Verde) house 20-22 male and female residents.

The treatment focus is management of disabling symptoms of severe mental illness. Treatment and medical management focuses on providing a safe and secure

therapeutic milieu. The reduction or amelioration of psychotic symptoms or depressive symptoms is addressed through the use of medication and rehabilitation services.

Treatment modalities include medications and medication education; psychiatric rehabilitation and individualized group therapy; structured unit activities; leisure planning and recreational therapy; and community-based programs. Emphasis is placed on activities of daily living since many patients have deficits that impede their capacity to live more independently in community settings.

Group therapy is designed to help patients, disabled by a chronic mental illness such as schizophrenia, become more self reliant in managing their psychiatric symptoms by focusing on:

1. Symptom Management
2. Medication Management
3. Basic Communication Skills
4. Recreation and Leisure
5. Education

Adult Civil Treatment Units:

I. Palo Verde (Building A)

a. North: Adult/Medical/Psychiatric

This 22-bed coed program addresses the psychiatric and medical needs of adult patients with acute or chronic medical problems, in addition to serious mental illness, to maximize their physical, spiritual and mental well being, enhance their quality of life and facilitate their return to appropriate community placement.

Patients in this program can be either civilly or forensically committed and have been diagnosed with depressive, psychotic or organic disorders. The program is available to provide for the necessary nursing care indicated for sub-acute and chronic medical and post surgical conditions, along with psychiatric issues.

The unit's goals are to provide psychiatric care and treatment, including medication and medication education; restore physical health to the extent possible; increase the capacity for self-reliance and community living and coordinate discharge planning in collaboration with the behavioral health and other care delivery systems.

Special needs of psychiatric medical patients can include, but are not limited to: peripheral line IV therapy, enteral feeding, negative pressure isolation, oxygen therapy or help with physical limitation.

b. East: Safe Harbor

This 20-bed unit is a place for intensive rehabilitative treatment for patients who are too regressed, or too withdrawn, to participate in Hospital activities.

II. Desert Sage (Building B)

a. North: Adult Male/Civil Rehabilitation Model

This 20-bed program receives patients who are seriously mentally ill and who may have behaviors that are dangerous to females.

b. East: Admissions

This is a 20-bed unit where most new admissions begin their stay. All assessments and stabilization are completed here. The longest length of stay is two months on this unit. Decisions are made during this stay about individualized needs and referral to the appropriate programs for treatment.

III. Ironwood (Building C)

a. 1-North: Adult Civil Rehabilitation Model

This 20-bed program receives patients who are seriously mentally ill.

b. 1-East: Civil Rehabilitation Model

This 20-bed program receives patients who are seriously mentally ill.

c. 2-North: Adult Civil Rehabilitation Model

This 20-bed program receives patients who are seriously mentally ill and treats 14 forensic and 6 civil rehabilitation model patients.

d. 2-East: Civil Rehabilitation Model

This 20-bed program receives patients who are seriously mentally ill.

The average length of stay for recently admitted adult civil patients is six to eight months. The Hospital's Social Work Department actively begins discharge readiness planning to find appropriate community placements upon admission.

FORENSIC ADULT PROGRAM (180 Beds)

This program consists of 3 specialized programs housed on 6 treatment units that serve as an admission, treatment and discharge unit, although patients may be transferred from one treatment unit to another, depending upon special needs.

Patients with a potential for violent or dangerous behavior, patients with a high escape risk and patients with legal requirements on placement also receive treatment within these programs.

Major treatment modalities include pharmacotherapy, psychological services and extensive assessment, psychiatric rehabilitation and substance abuse treatment, psychotherapy focusing on participating in treatment, interpersonal skill development,

The Adolescent Treatment Unit identifies and assesses children who may be at a special risk due to their age, gender issues, or sexually inappropriate behaviors. Accommodations and program planning on the unit are individualized as much as possible in treating these at-risk youths

Major treatment modalities include individual and group therapy, family therapy, academic programs, occupational/recreational therapy and psychotropic medications, as appropriate. Onsite education is provided through Maricopa Regional School District in a fully certified special education program. Aftercare planning and placement of the patient are essential components of treatment with active liaison between the Hospital and community providers to assist outpatient service providers in placement and treatment referrals.

A significant challenge facing the Adolescent Treatment Unit is to be responsive to the special needs of individual patients based on their legal status. Patients who are admitted for restoration to competency to stand trial for criminal offences share the same living area with seriously mentally ill adolescents admitted through the civil court process. Special emphasis is placed on the safety and security of the civil patients and the provision of education to patients who are criminally committed.

Located on the Granada East Unit, a program is available to provide to patients ages 39 to 81 years with nursing care indicated for sub-acute and chronic medical and post surgical conditions, which complicate the patient's primary mental disorder(s).

CONDITION OF EXISTING BUILDINGS AND EQUIPMENT

The \$80 million appropriated in 2000 for the renovation, demolition and construction of the new 16-bed Adolescent Treatment Facility (opened July 2002) and the new Adult Civil 200-Bed Facility (opened January 2003), has gone a long way to mitigate 40 years of neglect. These new facilities have done a great deal to improve the environment for patients and staff at the Arizona State Hospital campus

It should be noted that to remain within budget, many items of new construction were postponed or eliminated in order to stay within budget, while trying to achieve the greatest improvement with the funds provided.

RESULTS OF CANCELING THE FORENSIC \$10.5M RENOVATION

However, the state budget crisis resulted in the final phases of funding (\$10.5 million) being withdrawn for the renovation of the Wicks and Juniper Units to serve the Forensic Program in October 2002. The hope of the Hospital is that this project will be reinstated as quickly as possible. Wait lists for the Forensic Restoration to Competency Program have grown from 11 in October 2002 to over 75 by June 2003. Within the coming fiscal year, the Hospital expects to implement a wait list for the Guilty Except Insane Population.

Not proceeding with the renovation of the Wicks and Juniper means the Hospital will not be able to open (approximately) 112 beds on the Juniper Side for forensic use as originally planned. The Juniper units were never built to house forensic patients and therefore have been boarded up.

The following projects were canceled due to lack of funds:

1. Enlarge the Laboratory in Granada and create a separate entry for X-ray
2. Renovate Granada first floor
3. Renovate Granada second floor
4. Replacement of Granada generator
5. Renovate Dietary Building (especially equipment and plumbing)
6. Renovate Pharmacy in General Services Building
7. Build Gymnasium for Adolescent Hospital
8. Construct new Administration Building
9. Renovate or replace entire Wick/Juniper complex for a new Forensic Hospital
10. Renovate Kitchen / Dining Areas of Wick / Juniper Complex
11. Provide a Day Care Center for children of employees
12. Stabilization of the **Old Main Administration Building** (one of the oldest buildings in the state, it is listed on the National Historic Register - Restoration would come later). The Old Main Administration Building is in a seriously deteriorating condition, and at the very minimum, a new roof membrane is needed to prevent further water damage.

Un-addressed Master Plan deficiencies include the correction of structural, mechanical, plumbing and electrical deficiencies in existing buildings on campus. Items not addressed in the current master plan include:

The Old Main Administration Building includes the need for seismic bracing, replacing the air handling and hot water systems, and upgrading the rest rooms to conform to ADA requirements.

The Commissary / Dietary Building needs a new roof and upgrading for ADA compliance, a fire alarm system, seismic upgrade, new interior wiring, among other requirements.

The Training and Education Building is also not ADA compliant, nor braced for seismic activity, and will require new wiring, an air handling system, ductwork, central air compressor, and new lighting.

The General Services Building is ADA accessible from the exterior, however the interior needs ADA improvements, including the elevator, seismic bracing needed, clean or replace ductwork, replace the air handling unit, properly exhaust toilets, rework fire sprinklers for proper medical record protection, properly vent sump pump in the basement, replace branch circuit panels, replace electrical service entrance section engineer for fault protection, and install smoke detectors.

The Paint and Garage Shop is currently used to store batteries, battery charging and spray painting, which is dangerous, and must be relocated to separate buildings or rooms designed to code. Wood trusses need to be fire proofed, rest rooms must be ADA compliant, a ventilation system in the work area is needed, requires fire sprinkler coverage, pressure reducing stations, new sand and oil interceptor at vehicle maintenance area, install new receptacle wiring and wiring to power tools with proper disconnects.

The Engineering Building (the old Laundry Building) is recommended for complete demolition and replacement, but in lieu of replacement, the following deficiencies need correction:

- Replace the roof, stucco exterior finish, interior plaster walls and partitions, install new flooring, modify building and toilet to conform to ADA requirements, replace exterior decaying timber fascia and soffit at eaves
- Seismic bracing for exterior masonry walls
- Install new air conditioning units with outside air provisions and new duct work
- Replace steel piping with copper, install new toilets and install properly vented piping
- Total replacement of electrical system, new wiring, light fixtures, branch circuit wiring, additional receptacles and replace old ones, replace branch circuit panels and upgrade with proper fault current protection

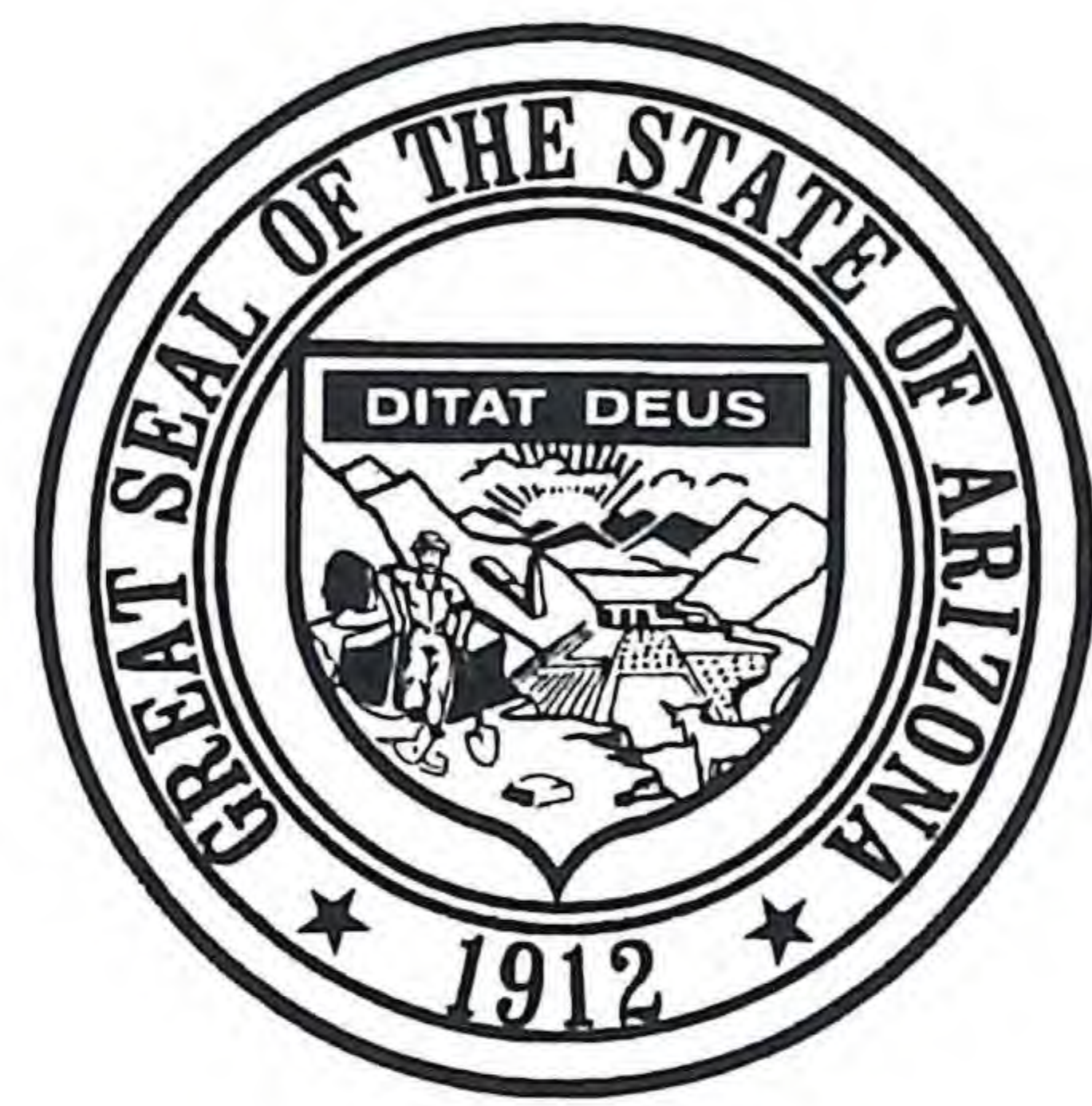
The Maintenance Shop needs a new roof, ADA upgrades, seismic bracing, a new air handling unit, implosion doors on the duct vacuum system, new ductwork, a fire

damper, fire sprinkler heads, ADA compliant plumbing fixtures, new electrical service, panels and light fixtures.

The Warehouse needs to be ADA compliant, new roof by 2008, exit and emergency lights, seismic bracing, new ductwork, new evaporative coolers, new air handling system, smoke detectors, fire sprinkler heads for proper coverage, new fire sprinkler piping, new electrical service and panels.

Other Building Concerns

The modular buildings on campus are of combustible construction and are an inefficient use of the site that need to be replaced with conventional construction buildings. The Department of Corrections Motor Pool area and buildings need to be relocated off site. Almost all existing buildings require asbestos containment / removal. The landscaping needs to be revised campus wide, including the entire irrigation system. The Psychiatric Security Review Board, which oversees the Guilty Except Insane patients, needs permanent accommodations.



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